

CB-CP-1245

Received & Inspected

JUN 18 2012

**Economically Burdensome Exemption from Closed Captioning FCC Mail Room**  
**Request Waiver for**  
**Lifting You Higher Ministries**

**1. The nature and cost of the closed captions for the programming**

After checking with several closed captioning service providers, I discovered that the nature and costs of utilizing closed captioning would be my budget. The quotes we received are as follows: CSS Captioning fee for offline roll up captioning cost is \$115.00 per thirty minute program. The price quoted from Media Captioning for a budget level off line captioning would be \$175.00 per 30 minute show. The cost for Standard definition captioning through Computer Prompting & Captioning Co. would be \$220.00. The price quoted by Caption Max for a roll up style caption would be \$300.00 per 30 minute show. Therefore, the amounts charged for any of the above would be beyond my ability to pay.

**2. The impact on the operation of the provider or program owner**

Being required to provide closed captioning for this television program would prohibit me from being able to televise it. This requirement would present a significant financial burden due to the fact that we do not have sufficient funds to afford closed captioning services.

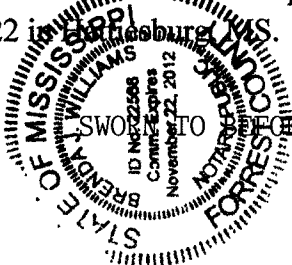
**3. The financial resources of the provider or program owner; and**

**4. The type of operations of the provider or program owner.**

The financial resources we use to fund this program are; donations from churches, partners, businesses, annual fundraisers, and the use of personal funds. We are constantly seeking avenues for obtaining financial assistance through grants from corporate businesses, philanthropists, and through other resources. Assistance for closed captioned from our production provider has been sought as well. However, because of financial hardship, the producer is unable to render these services.

Please find included a financial statement indicating the inability of sufficient funds to be able to pay for closed captioned.

Lifting You Higher TV program is a 30 minute long (501) (C-3) Non-profit Christian Ministry, founded and hosted by Hannah Hopkins. The sole purpose of this ministry is to spread the gospel via television programming each Sunday morning. The program's format consists of ministering the Word of God. This program will be aired each Sunday morning at 8:00 a.m. on WHLT CBS-22 in Easton, VA.



*Hannah Hopkins* 6/11/12  
HANNAH HOPKINS  
*Brenda J. Williams*  
NOTARY PUBLIC

SWORN TO BEFORE ME ON THIS THE 11th day of June, A.D., 2012.

<b>Form 1099-R</b> <input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119 <b>2011</b>
1 Gross distribution \$ 20,564.67	2a Taxable amount \$ 20,332.71	<b>Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.</b>
2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	

PAYER'S name, street address, city, state, and ZIP code  
**PUBLIC EMPLOYEES RETIREMENT SYSTEM  
PUBLIC EMPLOYEES RET SYSTEM BL  
429 MISSISSIPPI ST  
JACKSON, MS 39201-1005**

PAYER'S federal identification number 64-6001557		RECIPIENT'S identification number ***-**- <del>2001</del>	
3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 1,116.00	5 Employee contributions / Designated Roth contributions or insurance premiums \$ HLTH 0.00	
6 Net unrealized appreciation in employer's securities \$	7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other <input type="checkbox"/> %
9a Your percentage of total distribution % \$		9b Total employee contributions \$	

RECIPIENT'S name and street address (incl. apt. no.), city, state and ZIP code  
**HOPKINS HANNAH M  
69 SHARMONT DR  
HATTIESBURG MS 39402-1952**

Account number (see instr.) LIFE 0.00		11 1st year of desig. Roth contrib.	10 Amount allocable to IRA within 5 years \$
12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$	
15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	

**Copy 2**  
File this copy with your state, city, or local income tax return, when required.

Department of the Treasury  
Internal Revenue Service

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**Copy C For Recipient's Records**

(keep for your records)  
This information is being furnished to the Internal Revenue Service.

Department of the Treasury  
Internal Revenue Service

# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

# 2011

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name <b>HANNAH M HOPKINS</b>		Box 2. Beneficiary's Social Security Number <b>[REDACTED]</b>
Box 3. Benefits Paid in 2011 <b>\$12,432.00</b>	Box 4. Benefits Repaid to SSA in 2011 <b>NONE</b>	Box 5. Net Benefits for 2011 (Box 3 minus Box 4) <b>\$12,432.00</b>
<b>DESCRIPTION OF AMOUNT IN BOX 3</b> Paid by check or direct deposit      \$12,432.00 Benefits for 2011      \$12,432.00		<b>DESCRIPTION OF AMOUNT IN BOX 4</b> <b>NONE</b>
		Box 6. Voluntary Federal Income Tax Withheld <b>NONE</b>
		Box 7. Address <b>HANNAH M HOPKINS 69 SHARMONT DR HATTIESBURG MS 39402-1952</b>
		Box 8. Claim Number (Use this number if you need to contact SSA.) <b>[REDACTED]</b>

CUIB84582-11C21084910

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